

## CHAPTER OVERVIEW

This chapter will look at some of the behaviors that parent(s) may exhibit during separation from their child and appropriate responses the Children's Service Worker may utilize.

The Center for Development of Human Services, New York State Child Welfare Training Institute, Buffalo State College developed the following list of behaviors that the parent(s) may exhibit during separation from their child and appropriate responses the Children's Service Worker may utilize.

- **Shock/Denial:** The parent(s) may show no emotional reaction to the child's placement; be unable to plan for visitation, since he/she may not be able to understand or accept what is happening; and appear disinterested in the child. The Children's Service Worker may respond by eliciting parents' input in the development of a visitation plan; support and encourage parent-child visitation; promote, when possible, contact of the parent and child independent of visitation, i.e., letter writing, telephone calls, etc.; explain to parents the effects of the placement on the child and how they can be helpful; validate the parents' importance in planning for permanency; encourage parents to provide information about child's connections, thus validating their role as parents and importance in planning for permanency.
- **Anger:** The parent(s) may become furious and express anger by yelling, swearing, threatening, refusing to cooperate, plan, visit, etc. and/or blame the child, foster parent, Children's Service Worker, school, etc., in an attempt to cope with their own feelings of frustration and inadequacy. The worker may respond by validating the parents' feelings and encouraging continued expression, reassure parents that he/she will work with them to facilitate visitation, provide services and whatever else is needed to achieve permanency and encourage parent-child visitation as well as other contacts.
- **Bargaining:** The parent(s) may downplay the seriousness of problems resulting in placement or child's needs in order to get the child back, try to bargain with the Children's Service Worker or foster parents by becoming adaptive or acquiescent, make changes in personal care habits, living arrangements, employment, care of other child, attend counseling, drug rehabilitation programs, and/or return to religious systems. The worker may respond by supporting parental involvement in visitation, provide parent information regarding reasons for placement, needs of child in care, ways to help child while in care, explain how drug or alcohol abuse by a parent can harm the child, validate, encourage expression of feelings and support their attendance in programs that will demonstrate their willingness and ability to provide for the needs of their child.

- **Despair/Depression:** The parent(s) may experience feelings of worthlessness, emptiness, loneliness, and hopelessness, give up visitation, stop attending counseling and/or other self-help programs and withdraw from other established relationships. The Children's Service Worker may help parent(s) identify and express feelings, identify all previous successes and praise parent(s) for those accomplishments, connect them to their responsibilities relative to permanency planning and help them identify things which may be impeding their progress relative to achieving permanency and offer suggestions to help them.
- **Acceptance:** The parent(s) may demonstrate willingness and ability to participate in planning, visitation, accomplishing other goals, appear more optimistic about life and having the child returned. The Children's Service Worker may respond by encouraging and recognizing any participation in programs related to achieving permanency, encourage parent-child visitation and recognize progress made toward goal achievement and permanence.
- **Detachment:** The parent(s) may demonstrate a lack of ability to plan for permanency, be unable to maintain essential connections and believe he/she is helpless to do anything about the situation. The Children's Service Worker should keep in mind that the parent has probably suffered multiple losses, which worsens the impact of subsequent losses and continue to encourage the parent to make an appropriate plan for permanency.

### Ambivalent Parents

Workers often have questions about the willingness of parents to assume their role as appropriate caretakers. The following list, adopted from PRAG List, provides some factors to consider and approaches to working with the ambivalent parent. It is important to identify these concerns early in the treatment planning.

The following list includes possible behavioral and verbal indicators that suggest the need to explore whether a parent has strong or serious ambivalence about parenting generally or about parenting a specific child. When present and unresolved, parent places child at risk to meet own needs, these feelings may affect the success of family reunification.

### Behavioral Indicators

#### Before Placement/After Return

1. Fails to provide basic needs.

2. Non-compliant with medical health, sanitary requirements.
3. Minimally meets requirements while child is in placement; after child returns, parents lack investment in child's care.
4. Creates frequent situations to be separated from children, i.e., respite, hospitalization, drops off children at sitter or day care and does not return as agreed, abandonment.
5. Long, frequent or inappropriate use of respite.
6. Lack of nurturing between parent and child(ren).
7. Voluntarily places child in foster care, once or several times.

#### During Placement

1. Inconsistent in visiting, in court appearance, and/or in use of services.
2. Refuses to participate in services.
3. Barely meets requirements or fails to complete that "one last thing" required for reunification.
4. Name calling/verbally abusive to the child.

#### Verbal Indicators

In some instances parents are more direct regarding their ambivalence.

1. Parents state they don't think they can handle a specific child or that the child might be better off somewhere else, such as in foster care.
2. Parent requests adoptive services, then changes mind.
3. Parent repeatedly calls police, caseworker, or service provider to have child removed, but when help arrives the parent has a change of heart and gives the child "one more chance."

#### Approaches in Working with Ambivalent Parents

1. Throughout the case clarify the range of options for permanency, including return home, permanent placement with relatives, voluntary relinquishment for adoption or other options. Explore parent's interest in pursuing return home at each decision point (i.e., placement, move to unsupervised and overnight visits prior to return, etc.)

2. Develop case plan or service contract with parent that is very clear and specific regarding what behavioral changes are expected in relation to risk. **Expect follow through.** When it is clear parents will not follow through, request staffing to consider change in permanency goal.
3. Be careful to interpret correctly the meaning of parent's statements and behaviors. For example, lack of follow through may reflect service obstacles or a realistic reaction to an inappropriate referral instead of ambivalence.
4. Don't lessen expectations for changes that are necessary to ensure the child's safety.
5. Verbally recognize parent hesitancy, reflect on parent's feelings, and give permission for conflicting feelings. Explore the history, depth and consistency of the ambivalence and provide counseling regarding ambivalence and the choice of permanency plan. Be specific with others serving the family about indicators of parent's ambivalence and the goal of the services requested.
6. Increase frequency and length of visits and parental responsibility for the child during visits.
7. Staff case with parents, child, foster parents, and all other service providers before making major case decisions.
8. Use supervision to process own reactions to parents' feelings, behaviors and the stress related to case ambiguity.

MEMORANDA HISTORY: